

## PART B - FEE(S) TRANSMITTAL

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23117 7590 11/14/2008

**NIXON & VANDERHYE, PC**  
**901 NORTH GLEBE ROAD, 11TH FLOOR**  
**ARLINGTON, VA 22203**



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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/594,669	09/28/2006	David J Borthwick	36-2018	2304

TITLE OF INVENTION: COMPUTER-TELEPHONY INTEGRATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/17/2009
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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ANWAH, OLISA	2614	379-020000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	
1 <u>NIXON &amp; VANDERHYE PC</u> 2 _____ 3 _____	

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

#### (A) NAME OF ASSIGNEE

BRITISH TELECOMMUNICATIONS PLC

#### (B) RESIDENCE: (CITY and STATE OR COUNTRY)

LONDON, ENGLAND

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

#### 4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

#### 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

LARRY S. NIXON

Date	FEBRUARY 13, 2009
01 FEE:1501	1510.00 0P
RegFee:25640	300.00 0P
01 FEE:8001	30.00 0P

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